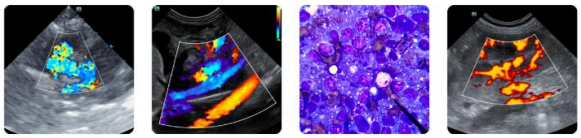

DATE

4/20/26

PATIENT

Honey Whalen

SPECIES

Canine

BREED

Beagle

SEX

Female, spayed

AGE

3/6/2012

WEIGHT

15.4 kg.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Banfield Pet Hospital Columbia

REFERRING VET

Dr. Landon

INVOICE

13662

PRESENTING CLINICAL SIGNS

Patient History: Spleen removed last year. O has concerns about P panting and shaking a lot. O states they do not know if P is in pain or panting a lot. O states this has been been going on since August. Elevated liver values.

Current Medications: 2025: Denamarin.
Labwork Results: Labwork not attached, reported as: ALT: 218 (3/2026); 393 (8/2025); 286 (6/2025); 260 (3/2025). ALP: 1010 (3/2026); 369 (8/2025); 541 (6/2025); 429 (3/2025)
Date of Previous IntraPet Ultrasound: 9/29/25. See attached.
Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.50 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.01 cm at cranial pole) (0.97 cm at caudal pole) with swollen peripheral contours. The parenchyma is mildly heterogeneous in appearance with an ill-defined hyperechoic area observed mid to caudal gland. There is loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.51 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

Previously splenectomized. The region of the splenic fossa is unremarkable.

Liver

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is mildly heterogeneous in appearance. A 1.9 x 1.9 cm ill-defined hypoechoic nodule is observed on the left side. In addition, a 1.7 x 1.7 cm hyperechoic nodule is seen on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. The hypoechoic nodule on the left side could be consistent with a benign lesion (i.e., regenerative nodule, inflammatory focus) with a lower possibility of emerging neoplasia. The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule) with a lower possibility of more insidious hepatic pathology.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild bilateral nonspecific, age-related renal changes. Changes are similar to the previous sonogram.
- Left adrenomegaly. Changes are similar to the previous sonogram.
- Gallbladder debris, non-mucocele. Changes are similar to the previous sonogram.

*An obvious cause for the patient's clinical signs is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Orthopedic and neurologic examinations are recommended to assess for possible causes of pain.
2. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
3. Consider a baseline blood pressure measurement to assess for systemic hypertension.
4. Depending on the results of the above diagnostics, further workup (i.e., further testing for a functional left adrenal tumor) may be indicated.


IntraPet Imaging SPIILLC
WHALEN,HONEY
IntraPet abd...
C1 1-3s
04-20-2026 01:27:50 PM Admin
BANCOLhwk9neagfs2012abd
mindray
M8 Elite
GB
1 Dist 0.08 cm


IntraPet Imaging SPIILLC
WHALEN,HONEY
IntraPet abd...
C1 1-3s
04-20-2026 01:28:40 PM Admin
BANCOLhwk9neagfs2012abd
mindray
M8 Elite
Liver LT
1 Dist 1.89 cm
2 Dist 1.88 cm


IntraPet Imaging SPIILLC
WHALEN,HONEY
IntraPet abd...
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BANCOLhwk9neagfs2012abd
mindray
M8 Elite
Stomach
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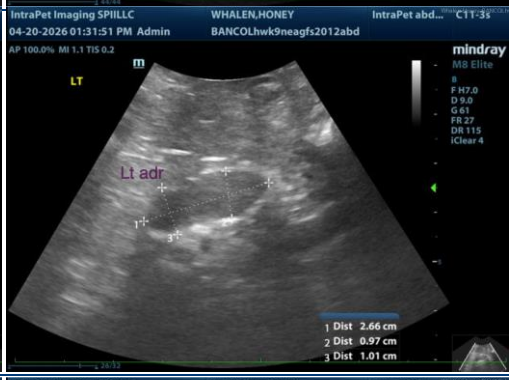
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WHALEN,HONEY
IntraPet abd...
C1 1-3s
04-20-2026 01:31:51 PM Admin
BANCOLhwk9neagfs2012abd
mindray
M8 Elite
LT
Lt adr
1 Dist 2.66 cm
2 Dist 0.97 cm
3 Dist 1.01 cm


IntraPet Imaging SPIILLC
WHALEN,HONEY
IntraPet abd...
C1 1-3s
04-20-2026 01:38:51 PM Admin
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M8 Elite
Cranial RT
RT
Rt adr
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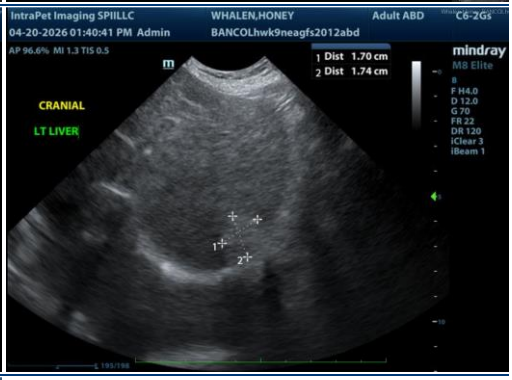
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WHALEN,HONEY
Adult ABD
C6-2Gs
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BANCOLhwk9neagfs2012abd
mindray
M8 Elite
CRANIAL
LT LIVER
1 Dist 1.70 cm
2 Dist 1.74 cm


IntraPet Imaging SPIILLC
WHALEN,HONEY
IntraPet abd...
C1 1-3s
04-20-2026 01:37:18 PM Admin
BANCOLhwk9neagfs2012abd
mindray
M8 Elite
Cranial RT
Duodenum
Rt panc

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) info@SonoPath.com